

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 09/581748	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51						
2	/		/				52						
3		2		/			53						
4		2		/			54						
5	/		/				55						
6		/		/			56						
7		/		/			57						
8		/		/			58						
9		/		/			59						
10		2		/			60						
11		2		/			61						
12		2		/			62						
13	/		/				63						
14		/		/			64						
15		/		/			65						
16		/		/			66						
17		/		/			67						
18		/		/			68						
19		/		/			69						
20		/		/			70						
21	/		/				71						
22	/		/				72						
23	/		/				73						
24	/		/				74						
25	/		/				75						
26		/		/			76						
27		/		/			77						
28	/		/				78						
29	/		/				79						
30		/		/			80						
31		/		/			81						
32	/		/				82						
33	/		/				83						
34	/		/				84						
35	/		/				85						
36	/		/				86						
37	/		/				87						
38	/		/				88						
39	/		/				89						
40	/		/				90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	20		20				TOTAL IND.						
TOTAL DEP.	25		20				TOTAL DEP.						
TOTAL CLAIMS	45		40				TOTAL CLAIMS						